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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE 1025 CONNECTICUT AVENUE, N.W. ADDRESS (number and street) **SUITE 1104** Check if different than previously WASHINGTON DC 20036 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00325936 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 25 2008 12 3 1 2008 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Keith S. Naunheim Type or Print Name of Treasurer Electronically Filed by Dr. Keith S. Naunheim 0 1 09 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE D D D 12 25 2008 3 1 2008 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 61602.53 January 1 (b) Cash on Hand at 64692.07 Begining of Reporting Period 16565.00 197497.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 81257.07 259099.53 6(a) and 6(c) for Column B) 375.69 178218.15 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 80881.38 80881.38 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:	1 1 2 5 2 0 0 8 T	o: 12 31 2008
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	15400.00	185726.00
(ii) Unitemized	1165.00	11771.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16565.00	197497.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16565.00	197497.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Fund	s	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16565.00	197497.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16565.00	197497.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 375.69 4518.15 Expenditures..... (c) Total Operating Expenditures 375.69 4518.15 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 0.00 172500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 1200.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 1200.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 375.69 178218.15 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 375.69 178218.15 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	16565.00	197497.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	1200.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	16565.00	196297.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	375.69	4518.15
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	375.69	4518.15

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal the name and address of any political committee to DNS POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mary J. Boylan Mailing Address 1201 Denney Drive City Duluth FEC ID number of contributing federal political committee. Name of Employer St. Luke's Hospital Receipt For: Primary General	State Zip Code MN 55805 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M 16 2008 Transaction ID: SA11AI.8819 Amount of Each Receipt this Period 1000.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. F. Curtis Bryan, II. Mailing Address 314 Wildwood Dune City Myrtle Beach	s Trail State Zip Code SC 29572	Date of Receipt 1 2 1 6 2 0 0 8 Transaction ID: SA11AI.8820 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Coastal Cardiovascular Surgery Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 1000.00	500.00
Full Name (Last, First, Middle Initial) Dr. Arthur C. Coffey Mailing Address 1228 North Claridge City Carmel	Way State Zip Code IN 46032	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Clarian Cardiovascular	Occupation Physician	1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb	•	2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 18 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEO	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. William S. Coleman Mailing Address 4519 South Perry			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Spokane FEC ID number of contributing federal political committee.	State WA	Zip Code 99223	Transaction ID: SA11AI.8787 Amount of Each Receipt this Period 500.00
Name of Employer Northwest Heart & Lung Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Dr. L. Scott Cook Mailing Address 2314 County Road			Date of Receipt 1 2 3 1 2 2 0 0 8
City Sidney FEC ID number of contributing federal political committee.	State IL	Zip Code 61877	Transaction ID: SA11AI.8844 Amount of Each Receipt this Period 300.00
Name of Employer Carle Clinic Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Dr. William M. Davis Mailing Address 110 Bobcat Bend	<u> </u>		Date of Receipt 1 2 1 6 2 0 0 8
City San Antonio FEC ID number of contributing federal political committee.	State TX	Zip Code 78231	Transaction ID: SA11AI.8824 Amount of Each Receipt this Period 500.00
Name of Employer South Texas Cardiothoracic Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
SUBTOTAL of Receipts This Page (optional	l)		1300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 18 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	ONS POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. J. Michael DiMaio			Date of Receipt
Mailing Address 5323 Harry Hines E	Boulevard		1 2 0 4 2 0 0 8
City Dallas	State TX	Zip Code 75390	Transaction ID: SA11AI.8804
FEC ID number of contributing federal political committee.	C	75390	Amount of Each Receipt this Period 250.00
Name of Employer UT Southwestern	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Malcolm J. Dorman	 		Date of Receipt
Mailing Address 5301 South Congre	ess Avenue		1 2 0 4 2 0 0 8
City Atlantis	State FL	Zip Code 33462	Transaction ID: SA11AI.8800
FEC ID number of contributing federal political committee.	C	00402	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Lawrence J. Duke			Date of Receipt
Mailing Address 62 Paseo Mirasol			1 2 3 1 2 0 0 8
City Tiburon	State CA	Zip Code 94920	Transaction ID: SA11AI.8845
FEC ID number of contributing federal political committee.	C	34320	Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	I		1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pering the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John W. Fehrenbacher Mailing Address 4824 Fauna Lane City Indianapolis	State Zip Code IN 46234	Date of Receipt M M
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Clarian Cardiovascular Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Richard J. Fischel Mailing Address 1010 West LaVeta	a Avenue	Date of Receipt 1 2 3 0 2 0 0 8
City	State Zip Code	Transaction ID: SA11Al.8856
Orange	CA 92868	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas E. Gaines Mailing Address 1940 Alcoa Highw		Date of Receipt
Mailing Address 1940 Alcoa Highw	•	12 04 2008
City	State Zip Code	Transaction ID: SA11AI.8806
Knoxville FEC ID number of contributing federal political committee.	TN 37920	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 18 (check only one) X 11a
or for	offormation copied from such Reports and Strommercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OCIETY OF THORACIC SURGEON	IS POLITICA	AL ACTION COMMITTEE	
1. <u>Dr</u>	Il Name (Last, First, Middle Initial) . Ivan F. Gonzalez-Cancel ailing Address P.O. Box 70344			Date of Receipt
Cit		State	Zip Code	12 04 2008
	an Juan	PR	00936	Transaction ID: SA11AI.8802 Amount of Each Receipt this Period
FE	C ID number of contributing deral political committee.	C		500.00
Na Se	ame of Employer lif	Occupation Physicia		
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
B. <u>Dr</u>	II Name (Last, First, Middle Initial) . Anthony A. Holden ailing Address 3560 Autumn Wood L	l and		Date of Receipt
IVIC	alling Address 3560 Autumn Wood L	ane		12 16 2008
Cit	•	State	Zip Code	Transaction ID: SA11AI.8825
	kemos	MI	48864	Amount of Each Receipt this Period
fec	EC ID number of contributing deral political committee.	C		100.00
Na Se	ame of Employer elf	Occupation Physicia		
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 465.00]
	Il Name (Last, First, Middle Initial) . Charles B. Huddleston			Date of Receipt
Ma	ailing Address 14 Kingsbury Place			12 08 7 9 9 9
Cit St	ty :. Louis	State MO	Zip Code 63112	Transaction ID: SA11AI.8796 Amount of Each Receipt this Period
FE	C ID number of contributing deral political committee.	С		500.00
Na W	ame of Employer ashington University	Occupation Physicia		
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUB	TOTAL of Receipts This Page (optional) .			1100.00
тот	AL This Period (last page this line number	only)		

Lowa City	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Dr. Mark D. lannetoni Mailing Address 200 Hawkins Drive City State Zip Code IA 52242 FEC ID number of contributing federal political committee. Name of Employer University of lowa Receipt For: Primary General Other (specify) ▼ City State Zip Code Physician Full Name (Last, First, Middle Initial) Dr. Thomas K. Kalimbach Mailing Address 2301 Manchester Drive City State Zip Code Valparaiso IN 46385 FEC ID number of contributing federal political committee. Name of Employer Lake Porter Cardiovascular Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Sidney Levitsky Mailing Address 165 Tremont Street City State Zip Code Aggregate Year-to-Date ▼ Physician FEC ID number of contributing federal political committee. City State Zip Code MA 02111 Full Name (Last, First, Middle Initial) Dr. Sidney Levitsky Mailing Address 165 Tremont Street City State Zip Code MA 02111 FEC ID number of contributing federal political committee. City State Zip Code MA 02111 FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11 Amount of Each Receipt Transaction ID: SA11	for commercial purposes, other than using the name of COMMITTEE (In Full)	ame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Date of Receipt Mailing Address 2301 Manchester Drive City State Zip Code Valparaiso IN 46385 FEC ID number of contributing federal political committee. Name of Employer Lake Porter Cardiovascular Primary General Other (specify) ▼ City State Zip Code Name (Last, First, Middle Initial) Dr. Sidney Levitsky Mailing Address 165 Tremont Street City State Zip Code MA 02111 Date of Receipt Transaction ID: SA11 Amount of Each Receipt Aggregate Year-to-Date ▼ Cocupation Physician Primary General Aggregate Year-to-Date ▼	Dr. Mark D. lannettoni Mailing Address 200 Hawkins Drive City Iowa City FEC ID number of contributing federal political committee. Name of Employer University of Iowa Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date 500.00	M M / D D / Y Y Y Y
Dr. Sidney Levitsky Mailing Address 165 Tremont Street City State Zip Code Boston MA 02111 FEC ID number of contributing federal political committee. Name of Employer Beth Israel Deaconess Medical Receipt For: Primary General Date of Receipt Transaction ID: SA11 Amount of Each Receipt Aggregate Year-to-Date ▼	Dr. Thomas K. Kalmbach Mailing Address 2301 Manchester Drive City Valparaiso FEC ID number of contributing federal political committee. Name of Employer Lake Porter Cardiovascular Receipt For: Primary General	IN 46385 C Occupation Physician Aggregate Year-to-Date ▼	M M / D D / Y Y Y Y
Other (specify) ▼	Dr. Sidney Levitsky Mailing Address 165 Tremont Street City Boston FEC ID number of contributing federal political committee. Name of Employer Beth Israel Deaconess Medical Receipt For: Primary General	MA 02111 C Occupation Physician	M M / D D / Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	UBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 18 (check only one) X 11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any period the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Charles J. Lutz Mailing Address 750 East Adams S City	Street State Zip Code	Date of Receipt M M
Syracuse FEC ID number of contributing federal political committee.	NY 13210	Amount of Each Receipt this Period 250.00
Name of Employer Upstate Medical University Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. James B. McClurken Mailing Address 3401 North Broad	Street	Date of Receipt 1 2 0 4 2 0 0 8
City	State Zip Code	Transaction ID: SA11Al.8812
Philadelphia FEC ID number of contributing federal political committee.	PA 19140	Amount of Each Receipt this Period 500.00
Name of Employer Temple University Hospital	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John C. Myers Mailing Address 8526 Spring Brook	∢ Road	Date of Receipt
City	State Zip Code	Transaction ID: SA11Al.8814
Rockford FEC ID number of contributing federal political committee.	IL 61114	Amount of Each Receipt this Period 100.00
Name of Employer Rockford Surgical Service	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option	nal)	850.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pne name and address of any political committee. NS POLITICAL ACTION COMMITTEE	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven J. Nisco Mailing Address 6506 South Devonsh City Spokane FEC ID number of contributing federal political committee. Name of Employer Northwest Heart & Lung	State Zip Code WA 99223 C Occupation Physician	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 500.00	1
Dr. David A. Ott Mailing Address 3689 Inwood		Date of Receipt 1 2 1 6 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.8829
Houston FEC ID number of contributing federal political committee.	TX 77019	Amount of Each Receipt this Period 500.00
Name of Employer Surgical Associates of Te- xas	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. C. Swayze Rigby		Date of Receipt
Mailing Address 920 Woodgate Boule	vard	12 23 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.8839
Baton Rouge FEC ID number of contributing federal political committee.	LA 70808	Amount of Each Receipt this Period 1000.00
Name of Employer CVT Surgical Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 18 (check only one) X 11a
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ie name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	SOCIETY OF THORACIC SURGEOR	NS POLITICA	AL ACTION COMMITTEE	
۸.	Full Name (Last, First, Middle Initial) Dr. Edward Y. Sako			Date of Receipt
	Mailing Address 8760 Comanche Gap)		12 31 2008
	City	State	Zip Code	Transaction ID: SA11AI.8849
	San Antonio FEC ID number of contributing	TX	78255	Amount of Each Receipt this Period 250.00
	federal political committee.	C		250.00
	Name of Employer University of Texas	Occupation Physicia		
	Receipt For:	_ ' _ '	e Year-to-Date $lacktree{lacktree}$	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Steven S. Scott			Date of Receipt
	Mailing Address 500 J. Clyde Morris Boulevard			1 2 3 0 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.8834
	Newport News	VA	23601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Riverside Medical Group	Occupation Physicia		
	Receipt For:	_ · · · · ·	e Year-to-Date V	
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Dr. Leland G. Siwek			Date of Receipt
	Mailing Address 5201 South Muirfield	Lane		1 2 0 2 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.8789
	Spokane	WA	99223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Northwest Heart & Lung	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1500.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEON	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Terrill E. Theman Mailing Address 132 East Market Stree City Bethlehem FEC ID number of contributing federal political committee. Name of Employer C&T Surgical Associates Receipt For: Primary General Other (specify)	State PA C Occupation Physician		Date of Receipt 1 2 3 1 2 0 0 8 Transaction ID: SA11AI.8850 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Mandya Vishwanath Mailing Address 3223 South Highdrive City Spokane FEC ID number of contributing federal political committee. Name of Employer Northwest Heart & Lung Receipt For: Primary General Other (specify)	State WA C Occupation Physician		Date of Receipt 1 2
Full Name (Last, First, Middle Initial) Dr. Tracey L. Weigel Mailing Address 600 Highland Avenue City Madison FEC ID number of contributing federal political committee. Name of Employer University of Wisconsin Receipt For: Primary General Other (specify)	State WI C Occupation Physician		Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .			900.00

A.

В.

PAGE 16/18 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt Dr. Douglas E. Wood Mailing Address 1944 15th Avenue, East 12 2008 04 City State Zip Code Transaction ID: SA11AI.8815 Seattle WA 98112 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer University of Washington Occupation Physician Receipt For: Aggregate Year-to-Date General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Dr. Thomas C. Wozniak Date of Receipt Mailing Address 13855 Coldwater Drive 3 1 2008 City Transaction ID: SA11AI.8852 State Zip Code Carmel IN 46032 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Clarian Cardiovascular Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

1000.00

SUBTOTAL of Receipts This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	•	15400.00

Other (specify)

В.

C.

SCHEDULE B (FEC Form 3X)		1 505 : 11:-	NUMBER TO SECURE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only		
		X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS PO	DLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB21B.8786 Date of Disbursement	
Mailing Address P.O. Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ 1 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$	
	State Zip Code AZ 85072		Amount of Each Disbursement this Period	
Purpose of Disbursement Credit Card Fees	AZ 65072	0 0	4.50	
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	Турс		
State: District:				
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB21B.8818 Date of Disbursement	
Mailing Address P.O. Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ N & 2 \end{smallmatrix} \ 0 \ 0 \ 8 \end{smallmatrix} $	
City Phoenix	State Zip Code AZ 85072		Amount of Each Disbursement this Period	
Purpose of Disbursement Credit Card Fees			32.50	
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB21B.8842 Date of Disbursement	
Mailing Address P.O. Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$	
	State Zip Code AZ 85072		Amount of Each Disbursement this Period	
Purpose of Disbursement Credit Card Fees			4.95	
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:				
SURTOTAL of Dishursements This Page (ontional)			41.95	

TOTAL This Period (last page this line number only)

A.

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE 1	NUMBER: PAGE 18/18
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	
		X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and States or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
SOCIETY OF THORACIC SURGEONS P	OLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB21B.8841 Date of Disbursement
Mailing Address P.O. Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 3 & D \\ 3 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Phoenix	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees	03072		8.13
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	.,,,,,	
State: District:			
Full Name (Last, First, Middle Initial) Merchant Services			Transaction ID: SB21B.8817 Date of Disbursement
Mailing Address 7300 Chapman Highwa	/		$\begin{bmatrix} 1 & 2 & M \\ 1 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 2 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix}$
City Knoxville	State Zip Code TN 37920		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			228.26
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) SunTrust			Transaction ID: SB21B.8840 Date of Disbursement
Mailing Address 3440 Wisconsin Avenue	, NW		12 M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20016		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Charges			97.35
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary Other (specify)	. 75-2	
State: District:	• • • • • • •		
SUBTOTAL of Disbursements This Page (optional)			333.74

TOTAL This Period (last page this line number only)

375.69